

GPC APPOINTMENT REQUEST

THRU: RESOURCE MANAGER

TO: DOC

Request GPC Training for the Following:

Cardholder:

Billing Official:

Alternate Billing Official:

Name of Cardholder:		Rank:	Duty Phone (w/ area code)
Unit/Organization:			
Unit/Organization Address:			
Name of Billing Officer:		Rank:	Duty Phone (w/ area code)
Unit/Organization:			
Unit/Organization Address:			Monthly Limit:
Account Already Established:	Yes	No	if yes, name of person replacing:
Rank/Grade and name of Alternate Official:			
Card Categories	Check Card Category Desired	Single Purchase Limit (\$2,500 max)	30-Day Purchase Limit
Supply/Services			APC
Food (Special Request)			UIC
Medical (Special Request)			DODAAC
FUND CTTE:			
Budget Officer/Fiscal Manager Signature:			Date:
NOTES:			
Commander/Director Signature (please print)			Date:
Commander/Director Signature			
Resource Manager Signature (please print):			Date:
Resource Manager Signature			

(THIS SECTION FOR DOC USE ONLY)

BO	CH	ABO
Training Completed		
Proc Integrity Forms		
Date SOP Approved		
Delegation Memo Provided		